# **Application Data She t:**

# **Application Information**

Application number::	TBA
Filing Date::	11-25-03
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	CD
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
	High-Performance Asynchronous
Title::	Peer-To-Peer Remote Copy For
	Databases
Attorney Docket Number::	ARC920030077US1
Request For Early Publication?::	No
Request For Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	4
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	

Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

# **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	India
Status::	Full Capacity
Given Name::	Pawan
Middle Name::	
Family Name::	GOYAL
Name Suffix::	
City of Residence::	San Jose
State or Providence of Residence::	CA
Country of Residence::	USA
Street of mailing address::	6082 Monterey Highway, Apt. 107
City of mailing address::	San Jose
State or Province of mailing address::	CA
Country of mailing address::	USA
Postal or Zip Code of mailing	95138
address::	

# **Correspondence Information**

Correspondence Customer Number::	35987
Name::	Joseph P. Curtin, L.L.C.
Street of mailing address::	1469 N.W. Morgan Lane
City of mailing address::	Portland
State or Province of mailing address::	OR

Country of mailing address::	USA
Postal or Zip Cod of mailing address::	97229-5291
Phone number::	503-296-8373
Fax number::	503-297-0452
E-mail address::	josephpcurtin@aol.com

#### **Representative Information**

Representative		
Customer Number::	35987	

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Continuation of		
	Continuation of		
	Continuation of		

## **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

## **Assignee Information**

Assignee name::	International Business Machines Corporation
Street of mailing address::	

City of mailing address::	Armonk
State or Province of mailing address::	NY
Country of mailing address::	USA
Postal or Zip Code of mailing address::	10504